

FORM NO. 3 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRI N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Abbeville</u></p> <p>Township of</p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of <u>Abbeville</u> (No. <u>Mill St.</u>)</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>13324</p>
<p>(2) Full Name of Child <u>Bennie Arnold Smith</u></p>		<p>Registration District No. <u>1-9</u> Registered No. <u>42</u></p> <p>(For use of Local Registrar)</p> <p>St.; <u>2nd</u> Ward</p>		<p>If child is not yet named, make supplemental report as directed</p>
<p>(3) BOY OR GIRL <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>X</u></p> <p><small>To be answered only in event of Twins or Triplets</small></p>	<p>(5) Number in order of birth <u>X</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>May 15</u> 19<u>15</u></p> <p>(Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>(8) FULL NAME <u>Walter Davis Smith</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)</p> <p>(12) BIRTHPLACE <u>Abbeville Co.</u></p> <p>(13) OCCUPATION <u>Furrier</u></p> <p>(20) Number of children born to mother, including present birth <u>1</u></p>		<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Lucie May Smith</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)</p> <p>(18) BIRTHPLACE <u>Abbeville Co.</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>1</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5:30</u> <u>A.</u> M., on the date above stated. (<small>Born alive or stillborn</small>) (<small>Hour A. M. or P. M.</small>)</p> <p>(23) (Signature) <u>[Signature]</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Abbeville S.C.</u></p>				
<p>Given name added from a supplemental report</p> <p>....., 191....</p> <p>.....</p> <p>Registrar</p>		<p>(26) Witness</p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>May 16</u> 191... (28) <u>Bennie</u> Local Registrar</p>		
<p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</p> <p>Registrar <u>I</u> Local Registrar <u>.....</u></p>				
<p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</p>				

WRI N. H. McCaw, of Columbia.